

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/585877

7

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	1					
5	8					
6	8					
7	8					
8	8					
9	8					
10	6		1			
11	6		1			
12	6		1			
13	11					
14	1		1			
15	1		1			
16	1		1			
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TOTAL IND.			2			
TOTAL DEP.			12			
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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